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20995 7590 06/03/2004

**KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
FOURTEENTH FLOOR
IRVINE, CA 92614**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<u>Scott Loras Murray</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>7-28-04</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,319	12/11/2001	Del Ray Doty	DJORTH.030A	8358

TITLE OF INVENTION: ORTHOPEDIC BRACE HAVING LENGTH-ADJUSTABLE SUPPORTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAHBOUR, FADI H	3743	602-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Knobbe, Martens,
2. Olson & Bear, LLP
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DJ Orthopedics, LLC

Vista, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature) Scott Loras Murray (Date) 7-28-04
Reg. No. 53,360

08/03/2004 SHASSEN2 00000105 10020319

01 FC:1501
02 FC:1504
03 FC:8001
1330.00 OP
300.00 OP
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TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. DJORTH.030A

Date: July 28, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Doty, Del Ray et al.
Appl. No. : 10/020,319
Filed : December 11, 2001
For : ORTHOPEDIC BRACE
HAVING LENGTH-
ADJUSTABLE SUPPORTS
Group Art Unit : 3743
Class/Sub-Class : 602-005000
Examiner : DAHBOUR, FADI H.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

July 28, 2004

(Date)

Scott Loras Murray, Reg. No. 53,360

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1660 to cover the issue fee, publication fee, and advanced order of copies.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

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